

Intubation Survey for MDC 11-16-07- Corrected

Results Overview



Date: 2/1/2008 8:04 AM PST
Responses: Completes
Filter: No filter applied

Image

1. Do you coordinate/instruct Virginia Enhanced Programs?

| | | | |
|-------|--|-----|------|
| Yes | | 159 | 60% |
| No | | 105 | 40% |
| Total | | 264 | 100% |

2. Are your Enhanced providers allowed by the agency OMD to intubate in the field?

| | | | |
|-------|--|-----|------|
| Yes | | 180 | 68% |
| No | | 58 | 22% |
| NA | | 26 | 10% |
| Total | | 264 | 100% |




3. Do you know of any issues within your EMS council area where there has been an issue/concern with any Enhanced provider intubating?

| | | | |
|--------------|--|-----|------|
| Yes | | 36 | 14% |
| No | | 228 | 86% |
| Total | | 264 | 100% |
| 58 Responses | | | |



4. Do you personally feel that intubation at the EMT-Enhanced level should be:

| | | | |
|--|--|-----|------|
| a) an essential skill (required to be taught in all programs) | | 113 | 43% |
| b) an optional skill | | 93 | 35% |
| c) removed as a skill at the Enhanced level | | 58 | 22% |
| Total | | 264 | 100% |




5. What is your level of provider certification?

| | | | |
|------------------|---|-----|------|
| EMT-Enhanced |  | 19 | 7% |
| EMT-Intermediate |  | 39 | 15% |
| EMT-Paramedic |  | 206 | 78% |
| Total | | 264 | 100% |












6. I am:

| | | | |
|--------|---|-----|------|
| Male |  | 195 | 75% |
| Female |  | 66 | 25% |
| Total | | 261 | 100% |

7. I am a:

| | | | |
|-------------------------|---|-----|------|
| volunteer provider |  | 58 | 22% |
| career provider |  | 96 | 36% |
| volunteer/career hybrid |  | 110 | 42% |
| Total | | 264 | 100% |

8. In which Regional Council do you primarily serve?

| | | | |
|--------------------------------|---|----|-----|
| Blue Ridge EMS Council |  | 13 | 5% |
| Central Shenandoah EMS Council |  | 8 | 3% |
| Lord Fairfax EMS Council |  | 4 | 2% |
| Northern Virginia EMS Council |  | 21 | 8% |
| Old Dominion EMS Alliance |  | 48 | 18% |
| Peninsulas EMS Council |  | 25 | 9% |
| Rappahannock EMS Council |  | 15 | 6% |
| Southwest Virginia EMS Council |  | 19 | 7% |
| Thomas Jefferson EMS Council |  | 12 | 5% |
| Tidewater EMS Council |  | 32 | 12% |
| Western Virginia EMS Council |  | 67 | 25% |

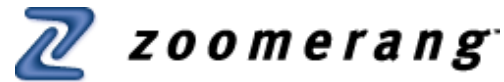
| | | |
|-------|-----|------|
| Total | 264 | 100% |
|-------|-----|------|

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3. Do you know of any issues within your EMS council area where there has been an issue/concern with any Enhanced provider intubating?

| # | Response |
|----|--|
| 1 | I do concur with my and other OMD's that there is inadequate training of intubation at the Enhanced level |
| 2 | not used |
| 3 | This skill is greatly needed on the Eastern Shore, as Enhanced is our largest provider base and not always is an Intermediate or Paramedic available. |
| 4 | Our Enhanced providers run in a rural area with long transports. Higher certified ALS Providers are few and far between. Getting an advanced airway can be critical. |
| 5 | No, I still have a concern. All the new ACLS guidelines and many OMD's are now opting away from an emphasis on intubation. It is difficult enough to get OR space for Intermediate and Paramedic students. I think enhanced should only be taught the use of rescue airways such as the King, LTD, or Combitube. Ken Williams, VCU |
| 6 | Delayed on-scene time attempting tube placement. Dislodged or misplaced tubes upon arrival at ED. |
| 7 | The ability of the EMT-E to intubate is a critical element of our ALS reponse and also to serve as an adjunct to the EMT/I and EMT/P providers on critical ALS emergencies. |
| 8 | No, we require two intubations in the OR before they are cut loose to field tube. |
| 9 | No ... our intubation training for Enhanceds is very thorough, we require multiple live intubations under supervision in the OR, and do semi-annual skills review. |
| 10 | Regarding #2, there are a few select providers that were told they could intubate. Generally speaking, its not an overall accepted practice within the region. There has been some problems with unrecognized esophageal intubations. |
| 11 | There has been rare opportunity for the enhanced providers to intubate in our area and I question their skills and expertise in being proficient at this skill due to their lack of opportunity for "real patient" experience - a manikin just does not cut it! |
| 12 | dilution of the skill....too many providers, too few tubes |
| 13 | Low numbers of intubations per provider have led to poor success rates for EMT-E's |
| 14 | There was a significant debate before final approval. |
| 15 | Many people complain about enhance providers being able to appropriately intubate. Their debate is that they don't get a chance to do it in the OR on a live person. 1 intubation on a live person is NOT going to make the difference as the the proficiency of a providers ability to intubate. Enhanced providers are an essential part of our EMS system. Enhance providers should maintain the ability to intubate they go through the same testing as intermediates and paramedics. If their is an issue as to their proficiency then lets increase the training not put a band-aid on it and ignore the issue. Put the students through a regional or state stressed intubation and make the regulations as far as intubation stricter. Give them 1 attempt to intubate and then have a back up device. |
| 16 | Up until November 1, 2007 our enhanced providers could intubate. They were getting little if any chance to intubate as Intermediates and Paramedics were needing to intubate to keep their skills sharp. The number of intubations has decreased over the last decade or so and many of our advanced providers are going for extended periods of time without intubating. Of the Enhanced providers who did try to intubate the success level was very poor. In trainig sessions we found they we unable to maintain adequate skill retention and not able to meet performance standards. As a result, our OMD withdrew the skill from the EMT-Enhanced capability list. |
| 17 | There are no EMT-Es in my immediate area practicing at that level. |
| 18 | Some people are worried about skills becoming rusty with more people allowed to do the procedure |
| 19 | I have seen Enhanced providers put to much Emphasis on intubation when other care should have had more priority. |
| 20 | There are issues and concerns that inlcude all levels of providers that can inutbate not just enhance |
| 21 | It is my understanding that most local OMDs are pulling E level intubation, and will likely pull other level intubation soon. this will be in favor of the King LT airway. |

| | |
|----|--|
| 22 | General concern - it is not a widely used skill and is under practiced. Many providers have never had the opportunity to perform the skill under a controlled setting with a more experienced provider, and yet are expected to be able to perform the skill on their own! If that is not a problem and a cause for great concern, I do not know what is. I do know I have no interest in most ALS providers attempting to intubate me or my family. |
| 23 | I don't know of my council having an issue or concern but, our council keeps things close to the vest. I will recommend this topic be looked at w/ our regional PI committee. My concern is about maintaining the skill regardless of what the patch says EMT EMT-E EMT-I, EMT-P same skill. |
| 24 | no I dont, we have not had any issues that are negative with intubation ! |
| 25 | Dr. Lindbeck has for going to allow any future trained Enhanced providers to intubate. He has not pulled it from the currently certified EN yet. |

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